MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012107
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 185

FILED APR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	DATE AMENDED
1	04/99	
2	0490	
3	2	
4	0	
5	0	
6		
7	1	
8	2	
9	199.1	
10		
11		
12	3-0	
13	2-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin, Mo.
Length of stay in 1b: 2½ Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Jasper
c. CITY OR TOWN: Carl Junction, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): West Pennell St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HUBERT Middle L. Last HERRON

4. DATE OF DEATH: Month Day Year: 3-30-1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-26-1963

9. AGE (Last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): du Pont Co.

10b. KIND OF BUSINESS OR INDUSTRY: Explosives

11. BIRTHPLACE (City and State or country): Ft. Worth, Tex.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Herron

13b. MOTHER'S MAIDEN NAME: Alice Lane Maryland

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi: WWI

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Gene Ritter, R 2 Galena, Ks, Bx19

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ca of Panc.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 63 to Mar 30 63 and last saw her/him alive on 3/30/63.
Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. T. Crawford MD

22b. ADDRESS: Joplin Mo

22c. DATE SIGNED: 4-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-1-1963

23c. NAME OF CEMETERY OR CREMATORY: CarlJunction Cemetery

23d. LOCATION (City, town, or county) (State): Carl Junction, Mo.

24. FUNERAL DIRECTOR ADDRESS: Don Roney, Carl Junction, Mo.

25. DATE RECD. BY LOCAL REG.: 4-5-1963

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.